



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Public Safety & Inspections**

**NOTIFICATION OF CHANGE TO  
CERTIFIED AMUSEMENT MAINTENANCE MECHANIC**

**In Accordance with 520 CMR 5.00**

1000 Washington Street – Suite 710 – Boston – MA 02118

---

*Please complete the application fully and return notice along with any attachments to:*

***Massachusetts Office of Public Safety & Inspections (OPSI)***

***Attention: Amusements***

***1000 Washington Street, Suite 710, Boston MA 02118***

Pursuant to 520 CMR 5.04(8), this is to notify the Office of Public Safety & Inspections (OPSI) that the following change(s) have been made\are going to be made (*please circle as appropriate*) to the Certified Maintenance Mechanic(s) for \_\_\_\_\_.

(Company)

*List change(s) and dates of change(s) below.*

**Please include the dismissal of any individual who served as a Certified Maintenance Mechanic (CMM) for the referenced company and the name of the new individual who will assume Certified Maintenance Mechanic (CMM) duties and responsibilities pursuant to 520 CMR 5.00.**

1. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_
2. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_
3. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_
4. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_
5. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_
6. Name of Former CMM: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name of New CMM: \_\_\_\_\_ License Number: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_